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## BIB DATA SHEET

CONFIRMATION NO. 8275

<b>SERIAL NUMBER</b> 10/563,493	<b>FILING or 371(c) DATE</b> 01/04/2006 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 4185	<b>ATTORNEY DOCKET NO.</b> SAIME 3.3-001		
<b>APPLICANTS</b> Philippe Chalignac, Acheres La Foret, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/02440 07/05/2004 which claims benefit of 60/495,922 08/18/2003 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 0308187 07/04/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/05/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/BRIAN D WON/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 UNITED STATES						
<b>TITLE</b> Breathing assistance device						
<b>FILING FEE RECEIVED</b> 1410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		